



Office of the

Board of Health

City Hall

166 Boulder Drive-Suite 108
Fitchburg, Massachusetts 01420

978-829-1870

Application for a Residential Landfill Permit (owner of 2 or more properties)

1. Owner/applicant information:

Name: _____

Residential Address: (include street address with P.O. Box) _____

Residential Telephone # _____ cell phone # _____ business phone # _____

Email address: _____

Property Information: ☐ Residential ☐ Residential/Commercial Mixed use

of residential units in dwelling residing _____ # of commercial units in dwelling _____

Vehicle Information-Vehicle permit will be permanently attached to (a copy of a current registration of the vehicle must be attached to this application):

| Year | Make | Model | Color | Registration # |
|-------|-------|-------|-------|----------------|
| _____ | _____ | _____ | _____ | _____ |

2. Local Property Management/owners agent Information (Owners designee to maintain property if applicable):

If no property management skip to #3

Local Individual or Local Property Mgmt. Co.: _____

Contact Name: _____ Phone No. _____

Address _____

City: _____ State: _____ Zip: _____

24-Hour Contact Telephone, Cellular Phone, or Pager No.: _____

Email address: _____

3. A. Please identify how many parcels of land or properties do you own, share ownership or have legal interests, which are located in the City of Fitchburg: _____

B. Please list addresses of all parcels and properties owned, share ownership or have legal interests, which are located in the City of Fitchburg:

C. Total number of units owned in the City of Fitchburg _____

4. Do you own, share ownership or have legal interests in parcels of land or properties and other communities? YES NO

5. A. In accordance with Board of Health Landfill Permit Regulation, by signing the second page of this document and initialing each statement you certify that the information provided is accurate, and agree to notify the Health Department of any updates. _____ (please initial each section):

B. I understand that Residential Landfill Sticker Permits may not be placed on temporary vehicles, dump trucks, transferred to other vehicles and may not be used for wastes generated by commercial activities and that hauling for others for a fee is prohibited. _____

C. I understand that all loads must be secured and covered if necessary to prevent spillage and litter. _____

D. I understand that 2 barrels of construction and demolition debris are allowed per week with a Residential Landfill Permit. Additional charges will result if more construction and demolition debris requires disposal. _____

E. Agree that adherence to this regulation does not relieve the owner/applicant of any applicable obligations set forth in the City, State, of Federal ordinances or regulations and regulations. _____

F. Agree that the Scalemaster, Landfill Official or any official duly authorized by the Fitchburg Board of Health has a right to inspect and reject any application for permit or any load that violates any Federal, State or City Regulation or Ordinance including but not limited to Waste Bans. _____.

G. Understand that annual permit fees are \$35.00 for the permit for the owner's residence and \$20.00 per unit for each additional dwelling.

I have received and will abide by the City of Fitchburg Board of Health Permit Rules and Regulations.

Applicant Signature Date

For office use only

Date received: _____ Reviewed by: _____ Sticker #: _____

Application: Approved Rejected Reason/Notes: _____

Applicant notified Date: _____ how notified: _____

FITCHBURG CITY HALL

166 BOULDER DRIVE SUITE 108, FITCHBURG, MA 01420-3125 PHONE: (978) 829-1870 FAX: (978) 342-9692